

## UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

JUN 01 2018

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LEGISLATIVE RESOURCE CENTER

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 U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)
Name: John D. Eleson

Daytime Telephone

<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>November 6, 2018</u>		State: <u>Virginia</u> District: <u>9th Congressional</u> <input type="checkbox"/> Check if Amendment
FILER STATUS <input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: <u>January 1, 2018</u> to <u>May 15, 2018</u> A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?
- Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
- Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Y

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  Yes  No

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?  Yes  No

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

**SCHEDULE C – EARNED INCOME**

Name: John D. Ellsworth

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "Senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing 2017	Preceding Year 2017
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<b>Lakewood Chapel</b>			
"	Salary	\$3,500	\$36,000
"	Housing	\$4,500 (plus utilities)	\$8,400 (plus utilities)
"	Auto	\$1800	\$3600
"	Phone/Food	\$2925	\$7000
<i>(We provide meals to the community to benefit from this)</i>			

## SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held solely by your spouse or dependent child.

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SP. DC/JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001- \$15,000							
				\$15,001- \$50,000							
				\$50,001- \$100,000							
				\$100,001- \$250,000							
				\$250,001- \$500,000							
				\$500,001- \$1,000,000							
				\$1,000,001- \$5,000,000							
				\$5,000,001- \$25,000,000							
				\$25,000,001- \$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations) and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

<p>Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. <b>Exclude:</b> Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. <b>New Members</b> and <b>second-year candidates</b> report positions held in the reporting period and the current calendar year. <b>First-year candidates</b> and <b>new employees</b> report positions held in the current calendar year and two previous years.</p>	
<b>Position</b>	<b>Name of Organization</b>
<i>Pastor</i>	<i>Wakewood Chapel</i>